

Foster Family Home - Corrective Action Report

Provider ID: 1-150008

Home Name: Manelyn S. Higa, CNA

Review ID: 1-150008-4

2516 Rose Street

Reviewer:

Honolulu HI 96819

Begin Date: 2/24/2017

End Date: 2/24/2017

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6 (d)(1) Requirements at the time of the home visit made on 2/24/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Primary Care Giver

M S Higa

Date

2/24/17

Date

2/24/2017 18:47 PM